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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>  |   | Attorney Docket No.   |                           |
|--|---|---|---------------------------|
|  |   | First Inventor  | Salisbury, Ron            |
|  |   | Title   | One Piece injection Molde |
|  |   | Express Mail Label No.  |                           |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>   |   | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria VA 22313-1450 |                           |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p><p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>11</u>]<br/><i>(preferred arrangement set forth below)</i></p><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>5</u>]</p><p>5. Oath or Declaration [Total Sheets <u>16</u>]</p><p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i></p><p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p><p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p><p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p>b. Specification Sequence Listing on:</p><p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p>ii. <input type="checkbox"/> Paper</p><p>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div> |   |   |                           |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |   |   |                           |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: .....</p>   |   |   |                           |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:  |   |   |                           |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No.: .....</div></div> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p><b>For CONTINUATION OF DIVISIONAL APPS only;</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>  |   |   |                           |
| <b>19. CORRESPONDENCE ADDRESS</b>  |   |   |                           |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span></div><div>OR <input checked="" type="checkbox"/> Correspondence address below</div></div>   |   |   |                           |
| Name   | Steven W. Webb                                  |   |                           |
| Address  | Law Offices of Steven W. Webb<br>655 2nd Street |   |                           |
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| Country  | USA   | Telephone   | (760)635-7530             |
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| Name (Print/Type)  | Steven W. Webb                                  | Registration No. (Attorney/Agent)   | 43,246                    |
| Signature  |   |   | Date                      |
| 8/3/03   |   |   |                           |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b>                    |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 375   |  | Application Number                          |  |
|   |  | Filing Date                                 |  |
|   |  | First Named Inventor      Salisbury, Ronald |  |
|   |  | Examiner Name                               |  |
|   |  | Group Art Unit                              |  |
|   |  | Attorney Docket No.                         |  |

| METHOD OF PAYMENT   | FEE CALCULATION (continued)   |   |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|---|---|---|--------------|--|-----------------|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|--------------------|-------------------------------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|---------------------------|-----|-----|-------|-----|--------------------|--|-----|-----|------|-----|------------------------|--|---|-----|--------|--------------|--------|---|--|----------|-----|--------------|----|--|--|-----|-----|-----|-----|---|--|--------|-----|-----|-----|--|--|--------------------|-------|-----|-----|---|--|-----|-------|--------------|-----|--|--|-----------------|----------|----------|----------|------------------|----------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|-----------------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|
| <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p>Deposit Account Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span></p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>  | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> </tbody> </table> | Large Entity  |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65                 | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25                | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139 | 130              | Non-English specification |     | 147 | 2,520 | 147 | 2,520              | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112 | 920*                   | Requesting publication of SIR prior to Examiner action |   | 113 | 1,840* | 113          | 1,840* | Requesting publication of SIR after Examiner action |  | 115      | 110 | 215          | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117    | 890 | 217 | 445 | Extension for reply within third month |  | 118                | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228          | 945 | Extension for reply within fifth month |  | 119             | 310      | 219      | 155      | Notice of Appeal |          | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing          |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable                   |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional                         |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity  |   | Small Entity  |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 105   | 130   | 205   | 65           | Surcharge - late filing fee or oath  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 127   | 50  | 227   | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 139   | 130   | 139   | 130          | Non-English specification  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 147   | 2,520   | 147   | 2,520        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 112   | 920*  | 112   | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 113   | 1,840*  | 113   | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 115   | 110   | 215   | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 116   | 390   | 216   | 195          | Extension for reply within second month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 117   | 890   | 217   | 445          | Extension for reply within third month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 118   | 1,390   | 218   | 695          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 128   | 1,890   | 228   | 945          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 119   | 310   | 219   | 155          | Notice of Appeal   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 120   | 310   | 220   | 155          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 121   | 270   | 221   | 135          | Request for oral hearing   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 138   | 1,510   | 138   | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 140   | 110   | 240   | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 141   | 1,240   | 241   | 620          | Petition to revive - unintentional   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 142   | 1,240   | 242   | 620          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 143   | 440   | 243   | 220          | Design issue fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 144   | 600   | 244   | 300          | Plant issue fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 122   | 130   | 122   | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 123   | 50  | 123   | 50           | Processing fee under 37 CFR 1.17(q)  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 126   | 180   | 126   | 180          | Submission of Information Disclosure Stmt                                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 581   | 40  | 581   | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 146   | 710   | 246   | 355          | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 149   | 710   | 249   | 355          | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 179   | 710   | 279   | 355          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 169   | 900   | 169   | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |   |   |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>375</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (1)</b>      (\$) 375</p> | Large Entity  |   | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101      | 710 | 201 | 355 | Utility filing fee | 375                                 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |                           | 108 | 710 | 208   | 355 | Reissue filing fee |  | 114 | 150 | 214  | 75  | Provisional filing fee |  | <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td></td> <td>-20** =</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td></td> <td>-3** =</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2)</b>      (\$) 0</p> |     |        | Extra Claims |        | Fee from below                                      |  | Fee Paid |     | Total Claims |    | -20** =                                |  | X   |     | =   |     | Independent Claims                      |  | -3** = |     | X   |     | =                                      |  | Multiple Dependent |       |     |     |   |  | =   |       | Large Entity |     | Small Entity                           |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code         | Fee (\$) | 103 | 18  | 203 | 9   | Claims in excess of 20                 |  | 102 | 80  | 202 | 40  | Independent claims in excess of 3 |  | 104 | 270   | 204 | 135   | Multiple dependent claim, if not paid         |  | 109 | 80  | 209 | 40 | ** Reissue independent claims over original patent |  | 110 | 18    | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity  |   | Small Entity  |              | Fee Description  |                 |                 | Fee Paid |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 101   | 710   | 201   | 355          | Utility filing fee   | 375             |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 106   | 320   | 206   | 160          | Design filing fee  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 107   | 490   | 207   | 245          | Plant filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 108   | 710   | 208   | 355          | Reissue filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 114   | 150   | 214   | 75           | Provisional filing fee   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
|   |   | Extra Claims  |              | Fee from below   |                 | Fee Paid        |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Total Claims  |   | -20** =   |              | X  |                 | =               |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Independent Claims  |   | -3** =  |              | X  |                 | =               |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent  |   |   |              |  |                 | =               |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Large Entity  |   | Small Entity  |              | Fee Description  | Fee Paid        |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code  | Fee (\$)     |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 103   | 18  | 203   | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 102   | 80  | 202   | 40           | Independent claims in excess of 3  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 104   | 270   | 204   | 135          | Multiple dependent claim, if not paid                                      |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 109   | 80  | 209   | 40           | ** Reissue independent claims over original patent                         |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| 110   | 18  | 210   | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |
| <p><b>SUBTOTAL (3)</b>      (\$) 0</p> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>   |   | <p><small>*Reduced by Basic Filing Fee Paid</small></p> |              |  |                 |                 |          |          |          |          |          |     |     |     |                    |                                     |     |     |     |     |                   |  |     |     |     |     |                  |                           |     |     |       |     |                    |  |     |     |      |     |                        |  |   |     |        |              |        |   |  |          |     |              |    |  |  |     |     |     |     |   |  |        |     |     |     |  |  |                    |       |     |     |   |  |     |       |              |     |  |  |                 |          |          |          |                  |          |     |     |     |     |  |  |     |     |     |     |                                   |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |

| SUBMITTED BY      |                | Complete (if applicable)          |               |
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